

# Diamond in the RUFF Grooming & Spa

## Owner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Emergency Contact:

*This person must be local and decision maker, if we cannot reach you.*

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

## Veterinarian:

Clinic: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Others authorized to pick up your Pet:** *If you would like an individual, other than yourself, to pick up your pet(s); their name must be on this form. All individuals are subject to ID check.*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you hear about us? Please specify \_\_\_\_\_

How would you like to be reminded of future appointments? (Circle one or more)

**Phone**

**Email**

**Mail**

**\*Please Fill out Pet info on Back**

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## Grooming Pet Info

Pet's Name: \_\_\_\_\_ Dog Breed: \_\_\_\_\_

Sex \_\_\_\_\_ Weight \_\_\_\_\_

Is he/she spayed/neutered? Yes \_\_\_ No \_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Is your pet friendly to other dogs?** Yes \_\_\_ No \_\_\_

**Friendly to people?** Yes \_\_\_ No \_\_\_

List your pet's fears such as *vacuum cleaner, dryer, thunder, noise, cages etc.*

\_\_\_\_\_

- Rabies Proof of Vaccination
- Expiration date \_\_\_\_\_

Has your pet been treated with flea/tick preventative such as Frontline or Advantix?

Yes \_\_\_ No \_\_\_

### Medical Conditions:

Please describe any physical problems that your pet has such as deafness, blindness, epilepsy, arthritis, hip or other joint problems, allergies, skin problems:

\_\_\_\_\_

\_\_\_\_\_

### Grooming Instructions

\_\_\_\_\_

\_\_\_\_\_